Best Practices in the Care of Older Adults During an Unplanned Acute Observation Stay
Jonny Macias Tejada, MD, Michael Malone, MD

BACKGROUND

Emergency medicine providers decide the disposition of the older patient during the formulation of their care plan. The improvements in practice and screening tools of Geriatric Emergency Department may identify those older adults who need further evaluation and care while addressing their medical condition.\(^1\)\(^2\) For Medicare beneficiaries who have unscheduled or acute conditions in whom the trajectory of illness is uncertain or the response to treatment is awaited, an observation stay is often chosen. These patients have an expected length of stay that will not exceed two midnights in the hospital.\(^3\)\(^4\) The observation stay is usually measured in hours, as opposed to hospital care which is measured in days. The purpose of observation is for the health care provider to determine whether the patient presenting with an unscheduled acute condition requires hospitalization or can be safely discharged. While some emergency departments have an observation area,\(^5\) most patients are sent to a medical surgical nursing unit. This is similar to the course of care for those patients who are admitted.

At times observation care vs inpatient care may be indistinguishable for the patient and the staff providing the care. In fact, some patients shift from observation status to inpatient status and vice versa during their stay in the hospital. This is in the context of the Hospital Readmissions Reduction Program and hospitals’ efforts to properly determine if the individual patients care as an admission, a readmission or an observation stay.\(^6\)\(^7\) Details of the administrative determination of hospital admission are described elsewhere.\(^8\) Likewise, we will not discuss the costs of the care for the Medicare beneficiary.\(^8\) While the designation of their Medicare stay and the Medicare payment is an important concern, the patients’ need for excellent care continues. We describe key geriatric principles and systems-based practices to observation stay for older adults.

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<th>Ten Key Processes to Improve Care for Older Adults during an Observation Stay for Unplanned Acute Stay:</th>
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<td>1. Prepare health care professionals to use principles of geriatrics as they care for older patients under observation stay. Many of the nurses and health personnel are new on their job and their training may not have emphasized care for older patients. Using the 4M’s of the Age-Friendly Health System may provide a clear approach to the care of older patients in the observation unit. Consider using succinct online training modules to communicate the principles of: What matters most, medications, mobility, and mentation. Training on delirium and dementia is another priority for those on an observation unit.</td>
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<td>2. Identify early those who could benefit from geriatric interdisciplinary consultation during an observation stay. An electronic health record report (such as the ACE Tracker)(^11) which harvests the nursing database to compile a real-time outcomes report which can be used to determine risk for poor hospital outcomes. Likewise, the Geriatric</td>
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Emergency Department assessments e.g. Identification of Seniors at Risk (ISAR) or the InterRAI Screener could be used to guide the further assessment of those who are vulnerable during their acute illness. The key point here is to use standard geriatric screening tools to identify the needs of older patients. An Acute Care for Elders Consult is for individuals with geriatric syndromes such as Delirium, Dementia, Behavioral and psychological symptoms of dementia, Polypharmacy, Falls, Multimorbidity and Frailty.

3. **Develop (and sustain) a daily, highly functioning interdisciplinary team discussion of the patients on the observation unit.** The daily presence of a geriatrics champion guides the interdisciplinary team and reminds the entire team of the importance of their care for older adults. Make sure nursing staff and other team members are engaged during these discussions. The nurses should note which patients are observation patients. The focus should be more than simply think of barriers to discharge. The baseline and current function of the patient should be described.

4. **Deploy geriatric principles early during the observation stay.** The hospitalist reviews the patients’ goals/preferences early during the care. They pay particular attention to communicating with the family and caregivers. Observe the response to the treatment plan and work with the case manager to determine if the patient is responding to the care.

5. **Collaborate as an interdisciplinary team:** Each discipline adds to the care during a shortened stay under observation.
   - Physical therapy and occupational therapy - assess gait, balance and strengthening / baseline function.
   - Pharmacy - reconcile the medications on admission to an observation stay and carefully review the medications of those older adults who are observed who have had a fall or delirium.
   - Nurse Aide – participate in delirium prevention strategies.

6. **Begin care transitions efforts on admission to the observation stay.** This is commonly the role of the case manager. Most of the patients come from the community and are discharged back to the community. The key strategy here is to understand the needs of the older patient and the community resources to meet the patients’ needs. Home nursing and home therapy may be a key resource to help address the patients’ needs. The social worker assists with more complex issues such as family caregiver strain and elder neglect etc. Medicare beneficiaries who require a prolonged observation stay are more likely to require a skilled nursing home transfer. This situation adds to the complexity of payment for post-acute care services.

7. **Engage hospital leadership in the importance of improving observation care for older patients.** Make sure that the hospital leaders from multiple disciplines (e.g. hospital medicine, geriatric medicine, nursing, rehab, social work, and pharmacy) are fully involved in efforts to improve care. Some sites may wish to designate a specific medical surgical unit for geriatric observation care. Frame the observation care as an extension of improvements in emergency care of older patients, helping patients to safely return home.

8. **Enroll older observation patients who have risk factors for delirium in the Hospital Elder Life Program to promote mobility and prevent delirium.** Older patients are at risk of developing delirium during their hospital stay. Much of the original research on delirium prevention was focused on those who were admitted to the hospital. Despite this, the HELP enrollment requires the patient to be seen within a short time from the beginning of their stay. It seems plausible that delirium prevention strategies should be relevant to observation care.

9. **Promote mobility with a mobility aide.** Hospital-associated functional decline is described among older adults who are admitted. Functional decline occurs for some older persons prior to hospitalization. Regardless of the administrative designation of admission or observation stay, promoting a return to the functional baseline will improve overall health outcomes.

10. **Develop an observation stay dashboard to guide improvements of key outcomes metrics.** This dashboard could include rate of observation status on admit, rate of conversion to inpatient stay, length of observation stay, or readmission rates and discharge disposition.

**CONCLUSION**

Emergency medicine physicians and other providers should be familiar with observation stay as a disposition for older patients whose clinical course is uncertain. Observation stay may be an extension of the geriatric evaluation and management started in the geriatric emergency department.
The core principles of observation stay for older patients are the same as those for the Acute Care for Elders model described more than 25 years ago. Many observation patients are converted to an inpatient stay. We note the need for outcomes research to explore care improvements for older patients who receive observation stay. Papers describing observation stay for older patients should describe the demographics of the population served and of the patients described, including race and ethnicity.

For those older patients whose care is designated as an observation stay, the interdisciplinary team should focus on maintaining the patients’ function and cognition while implementing services to address their needs when they return home.

We propose to promptly activate geriatric care and mobilize the interdisciplinary team to effectively care for older adults with vulnerabilities. Acute Care for Elders Consultation service can attend to the unique needs of acutely ill or injured older adults with complexity or geriatric syndromes.

KEYWORDS
Observation stay, care transitions, interdisciplinary care, Acute Care for Elders (ACE), Hospital Elder Life Program (HELP), Geriatric Emergency Department

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Dr. Malone owns stock in Abbott Labs and AbbVie. Jonny Macias Tejada, MD has no conflicts to report.

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REFERENCES


